Approved For Release 2006/10/31 : CIA-RDP79-00434A000100160001-2

STANDARD FORM NO. 64

Office Memorandum • UNITED STATES GOVERNMENT

TO : C/MS

DATE: 19 February 1952

FROM : C/TSD

SUBJECT: Medical Support [redacted] 25X1

1. PROBLEM: At present, medical support of CIA operations in the Washington area and overseas has been planned and is developing. No plan exists at present for support of operations in the continental United States outside of the Washington area.

[redacted] 25X1

2. ASSUMPTIONS: Since the exact needs for medical support in the area cannot be accurately determined at present, nor estimated for the future, the project is based upon the following assumed needs:

25X1 [redacted] 25X1

1. Performance of EOD, O/S, Returnee, and Follow-Up Physical Examinations on CIA personnel whom it is inconvenient or undesirable to bring to Washington for this purpose.
2. Hospitalization of LOD, illnesses and injuries. Such illnesses and injuries may be anticipated in CIA personnel travelling about the country, [redacted] or evacuated from overseas. 25X1
3. [redacted] 25X1

3. FACTS BEARING ON THE PROBLEM: The most pertinent facts are instances which have occurred, requiring medical support, and the support has not been properly furnished, or furnished with difficulty and at considerable expense.

FOIAB3B1

Case A. [redacted] has over the past year requested advice on two employees with pulmonary tuberculosis. It appears that both employees EOD'd in the field and the disease was missed because of incomplete EOD physical examinations. Attempts were then made to evaluate the severity of the disease in both individuals and follow their progress, but as we had no direct liason with the clinics performing this follow-up, the evaluation was unsatisfactory. One case was sent overseas, (probably with a stabilized, inactive Tbc) but on the O/S physical examination, done at [redacted] 25X1 the history of Tbc was not even noted and no chest film was taken. By the time information concerning the O/S physical examination reached us for evaluation, the subject had already left.

Approved For Release 2006/10/31 : CIA-RDP79-00434A000100160001-2

Approved For Release 2006/10/31 : CIA-RDP79-00434A000100160001-2

Case B. A moderately ill individual was evacuated from the far east. As the exact nature and severity of his illness was in question, it was necessary to send a doctor from Washington to meet him on the west coast to ascertain his condition and arrange for immediate hospitalization in that area if necessary. As it turned out, it was not necessary, but this could have been arranged if we had had a cleared doctor on the spot.

25X1

25X1

25X1

Case D. Various individuals have left or been dropped from CIA recently for psychiatric reasons. Medical follow-up on these individuals after leaving the Washington area would often be desirable, but is so far impossible. This refers particularly to psychiatric cases that are possible security risks.

DISCUSSION

A. Physical Examinations: At present, physical examinations are performed almost exclusively in Washington. Sometimes this requires travel from distant points, at considerable expense to the subject or CIA, and with the loss of valuable time.

When physical examinations are done locally, by private physicians, or government facilities, the examinations are not uniform in quality, and instances have occurred of important defects being overlooked. The examiner should be familiar with our physical requirements and use our standard forms.

If physical examinations are done by private physicians, the method of remuneration is, at present, irregular, as a definite plan has not been devised. Also the costs of examinations have been, in some instances, not proportional to their quality.

B. Hospitalization: At present there are no facilities for hospitalization of CIA personnel outside of the Washington area. It is anticipated that hospitalization in other areas might be required under the following circumstances: when severe injury or illness occurs at some point in the United States distant from Washington and the patient cannot safely be moved; when patients are evacuated from O/S, and are so ill upon arrival in the United States that they must be hospitalized at the port of entry;

Approved For Release 2006/10/31 : CIA-RDP79-00434A000100160001-2

Approved For Release 2006/10/31 : CIA-RDP79-00434A000100160001-2

when prolonged hospitalization is anticipated, and the patient desires hospitalization near his home; when, because of increasing casualties one hospital might become too "hot" and it would be advisable to disperse personnel in different hospitals.

Cases hospitalized for LOD illness or injury, under authority of the Employee's Compensation Act must be hospitalized in Government hospitals, when such facilities are available. This is interpreted by the BEC to mean U.S.P.H.S. hospitals primarily. Under unusual circumstances, when there is no U.S.P.H.S. hospital available in the desired area (i.e. overseas) or when a particular type of care required might dictate the use of a particular hospital, military or V.A. hospitals may be used, but such instances are exceptional.

It should be pointed out that U.S.P.H.S. hospitals are of generally high caliber, are conveniently located about the country for our purposes, and provide good cover, since BEC cases are admitted from a large variety of Government Agencies. Furthermore, all costs of hospitalization in such hospitals are borne by the U.S.P.H.S. and there is no cost to CIA. Our liason is good and is developing, so that we should have no trouble keeping in touch with our hospitalized personnel, being informed of their progress, etc. The U.S.P. H.S. general hospitals are located as follows:

25X1

Portland, Maine	Galveston, Texas
Boston, Massachusetts	San Francisco, Calif.
New York, New York	Seattle, Washington
Baltimore, Maryland	Kirkwood, Missouri
Norfolk, Virginia	Memphis, Tennessee
Savannah, Georgia	Chicago, Illinois
Mobile, Alabama	Detroit, Michigan
New Orleans, Louisiana	Cleveland, Ohio

25X1

It would seem advisable to survey the majority of these at once, even though only a few may be utilized at first, in order to avoid repeated trips for this purpose later.

25X1

Approved For Release 2006/10/31 : CIA-RDP79-00434A000100160001-2

25X1 Approved For Release 2006/10/31 : CIA-RDP79-00434A000100160001-2

Page Denied

Next 1 Page(s) In Document Denied

Approved For Release 2006/10/31 : CIA-RDP79-00434A000100160001-2